

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD
—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 160
Registered No. 169

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Mary Ellen Hinds { If child is not yet named, make supplemental report, as directed.

3. Sex of Child

Female

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

Yes

7. Date

Sept. 19, 1928

Month Day Year

8.

FATHER

Full name

Barney Riggs Hinds

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe, Ariz.

10. Color or race

White

11. Age at last birthday 32 (Years)

12. Birthplace (city or place)

(State or country)

Medina, Texas.

13. Occupation

Nature of industry

Laborer

14.

MOTHER

Full maiden name

Lelia Ellen Neal

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe, Ariz.

16. Color or race

White

17. Age at last birthday 19 (Years)

18. Birthplace (city or place)

(State or country)

Driggs, Idaho.

19. Occupation

Nature of industry

Housewife.

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5:10 P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

T. E. Harper
Physician

(Physician or midwife).

Given name added from a supplemental report

Month, day, year

Address

Globe, Arizona

Filed

10/11

19

28

L. E. Loughlin

Registrar

Registrar

482-919-353